COVID Essentials Presenter Notes

Slide 1 – Best Practices: Preparing for Your Presentation

No notes.

Slide 2 – Intro slide

Hello! My name is **** and I am [part of the NCDHHS COVID-19 Response Team or with ******* organization]… *introduce others presenting as well.*

We're here to share important information about COVID-19 vaccines, boosters, treatments and more. We also want to make sure we have time to hear and answer as many of your questions as possible. We encourage folks to use the chat box to ask their questions, and we'll be trying to answer as many as we can during the presentation. We will also have some time at the end for questions.

Note for presenter: Remember to log this COVID 101 presentation at:
https://docs.google.com/forms/d/e/1FAIpQLSe9a65X1tA4u0SP5sX00JttvuryoWkreTDQ7jTemGEnpoR7_w/viewform

Slide 3 – Questions

As we begin today's presentation, we'd like to know what's on your mind when it comes to COVID-19 and COVID-19 vaccines.

That said, what comments, concerns or questions do you have about COVID-19, COVID-19 vaccines, testing or treatment today?

[Give participants opportunity to express any initial questions, concerns or comments they have about COVID-19/vaccines]

The goals for today's presentation are to:

- Inform and educate North Carolinians about proactive measures they can take to slow the spread of COVID-19.
- Earn the trust of North Carolinians.
- Help North Carolinians protect themselves, their loved ones and their communities by getting vaccinated.

Slide 4 – State of COVID-19 North Carolina

No notes.

Slide 5 – COVID-19 Spread & Symptoms

COVID-19 variants currently circulating in North Carolina include the highly transmissible BA.2, BA.4 and BA.5 Omicron subvariants.

COVID-19 spreads when an infected person breathes out droplets that contain the virus. These droplets can be breathed in by other people or land on their eyes, nose, or mouth. In some cases, droplets may also land on surfaces. People who then touch that surface might get the virus on their hands and infect themselves by touching their face.

What are droplets?

Small drops of fluid that get into the air when a person coughs or sneezes, talks, or laughs. Droplets containing the coronavirus can easily spread through the air, especially among people indoors.

COVID-19 is spread in three main ways:

- Breathing in air when close to an infected person who is exhaling small droplets that contain the virus.
- Having these small droplets that contain the virus land on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze.
- Touching eyes, nose, or mouth with hands that have the virus on them.

Slide 6 - State of COVID-19 in North Carolina

How COVID-19 is impacting North Carolina:

- North Carolina has had over 3.2 million COVID-19 cases and over 27,000 deaths. Sadly, most COVID deaths that are now occurring are preventable with a safe, easy and free vaccine.
- Millions of North Carolinians have stepped up to get one. Everyone 6 months and older should get the vaccine and booster, when eligible.
- During the height of the Omicron wave, the 7-day average for COVID-19 hospitalizations was 5,049. As of Nov. 19, 2022, the 7-day average was 569people hospitalized. Hospitalizations remain consistent and low. NCDHHS will continue to coordinate with the health care community to preserve health care system capacity in the event of future surges. It is vital that health care providers meet the needs of those who have COVID-19 as well as anyone else needing care, whether it be for cancer, heart disease, or an injury.

The risk of severe illness, hospitalization, and death from COVID-19 is much higher for people who are not vaccinated. So, get vaccinated. Wear a mask when needed. Get tested if you have

an exposure or symptoms of COVID-19. Talk with a health care provider right away about treatments if you have COVID-19 to see if one is right for you.

The COVID-19 virus will be with us for the foreseeable future. We encourage you to speak with a health provider you trust as you consider your own risk and the actions you take. Fortunately, while COVID-19 can still cause harm or change in unpredictable ways, we now have the tools and knowledge to manage and live with the virus.

For more information on current case rates, vaccine metrics and other useful information, visit the COVID-19 North Carolina Dashboard at: https://covid19.ncdhhs.gov/dashboard

Slide 7 – Causes of COVID-19 Cases

Don't wait to protect yourself – get vaccinated!

- Places with low vaccination rates have increased COVID-19 cases, hospitalizations, and deaths.
- Even if you have a mild case of COVID-19, you may struggle with long-term effects like shortness of breath, chest pain, and brain fog.
- Getting vaccinated and boosted provides a high level of protection against most of these complications.
- Serious side effects from COVID-19 vaccines are extremely rare, temporary, and treatable.
- Most people just experience a sore arm, a headache, and feeling tired and achy for a day or two.
- Rigorous clinical trials with thousands of people ages 6 months and up, and experience with COVID-19 vaccination among hundreds of millions of diverse Americans, have shown that they are safe and effective and help protect against variants, like Delta and Omicron.
- During the recent Omicron surge, those who were boosted were 21 times less likely to die from COVID-19 compared to those who were unvaccinated. They were also seven times less likely to be hospitalized.

Slide 8 – Updated Isolation and Quarantine Guidelines

No notes.

Slide 9 – Updated Mask Guidance

Every day we learn more about the virus, and we now have a wider array of effective tools to reduce risk:

- Vaccines and boosters are widely available. They help protect against severe illness, hospitalization, and death.
- Treatment is available for people at higher risk of severe disease.

The best way to protect your friends and family and yourself is a layered approach:

- Get vaccinated and boosted when eligible
- Wear a mask when needed
- Use social distancing in public

Because well-fitting masks provide extra protection, you may still choose to wear one.

Masks are still required in places like health care and long-term care facilities. This is because of the setting or federal regulations.

Surgical or procedure masks, like a KN95 or an N95, offer the best protection. Masks should fit well and have multiple layers.

Getting vaccinated is the best way to prevent serious illness, hospitalization, and death. If you are not vaccinated, you are at greater risk of catching and spreading COVID-19.

Slide 10 – COVID-19 General Overview

No notes.

Slides 11 and 12 – COVID 19 Terms You Should Know

No notes.

Slide 13 – COVID-19 Terms You Should Know

Isolation and quarantine are strategies used to prevent transmission of COVID-19.

You isolate when you are sick. You quarantine when you have had a close contact with someone infected with COVID-19.

Slide 14 – The Omicron Variant

- In North Carolina, several Omicron variants are circulating.
- Protection against Omicron increases greatly after a booster dose.
- The elderly, people living in long-term care facilities and people with underlying medical conditions or who have compromised immune systems are at the greatest risk and should get vaccinated as soon as possible and get an updated COVID-19 booster as soon as they are eligible.
- The CDC now recommends the Moderna, Pfizer and Novavax COVID-19 vaccines as the best choices for most people for preventing infection from COVID-19. There is ample supply of these vaccines in North Carolina and across the country.
- The Johnson & Johnson vaccine is only available to those 18 and older who are allergic to the other vaccines, can't access the other vaccines, or who would not get vaccinated if they are unable to get the Johnson & Johnson vaccine.
- The CDC emphasizes receiving any vaccine, including the Johnson & Johnson vaccine, is better than being unvaccinated.
- People with a history of thrombosis with thrombocytopenia, a condition defined as blood clotting with low platelets, should not receive the Johnson & Johnson vaccine.
- Vaccinating against COVID-19 remains the most effective way for people to protect themselves from serious illness, hospitalization and death. Once vaccinated, people should get an updated booster when they are eligible two months after the last dose in their initial series or latest booster shot.
- With the presence of COVID-19, all North Carolinians should:
    - Vaccinate: Get vaccinated before gathering, attending events or traveling. Get an updated booster when eligible.
    - Test: Get a COVID-19 test if you have symptoms of COVID-19, you have come into close contact with someone with COVID-19, or you were asked or referred to get testing by your school, workplace, health care provider, or state, tribal, local or territorial health department.
    - Mask: Wear a mask when needed.

[If asked about the naming of variants]

- The Omicron COVID-19 variant has been identified in countries around the world, including Canada, Spain and the UK.
- It was named after the 15th letter of the Greek alphabet.

- The naming system, which was announced by the World Health Organization, makes public communication about variants easier and less confusing.
    - For example, the variant that emerged in India is not popularly known as B.1.617.2. Rather, it is known as Delta, the fourth letter of the Greek alphabet.
- The W.H.O. skipped two letters just before Omicron — "Nu" and "Xi. A W.H.O spokesperson stated that "'Nu' is too easily confounded with 'new,'" and "'Xi' was not used because it is a common last name."
- The W.H.O's best practices for naming diseases seeks to avoid causing offense to any cultural, social, national, regional, professional or ethnic groups.

Sources:

New York Times: https://www.nytimes.com/2021/11/27/world/africa/omicron-covid-greek-alphabet.html

Marriam-Webster Dictionary: https://www.merriam-webster.com/dictionary/omicron#note-1

Slide 15 – COVID-19 Symptoms Vary & May Require Treatment

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Anyone can have mild to severe symptoms. Symptoms can also change quickly, moving from mild to severe.

COVID-19 vaccines and boosters help lower the risk of severe illness, hospitalization and death. Don't wait to protect yourself & others around you, especially loved ones who can't get vaccinated.

Slide 16 – Long COVID or Post-COVID Conditions

COVID-19 symptoms can last for weeks or months for some people. Even people who had mild symptoms from COVID can get long COVID.

Long COVID, also called post-COVID conditions, is when COVID-19 continues with symptoms 4+ weeks after infection and sometimes after recovery for initial symptoms.

For some people, the lasting **COVID-19 symptoms** are nothing like the original symptoms when they were first infected with COVID-19. The most common long COVID symptoms include:

- Coughing
- Ongoing, sometimes debilitating, fatigue
- Body aches

- Joint pain
- Shortness of breath
- Loss of taste and smell — even if this didn't occur during the height of illness
- Difficulty sleeping
- Headaches
- Brain fog

Brain fog is among the most confusing symptoms for people with long COVID. Patients report being unusually forgetful, confused or unable to concentrate even enough to watch TV. This can happen to people who were in an intensive care unit for a while, but it's relatively rare. However, it is happening to a variety of patients, including those who weren't hospitalized.

Some people have reported feeling better for days or even weeks then relapsing. For others, it's a case of just not feeling like themselves.

Visit survivorcorps.com for more information on long COVID.

Slide 17 – Heart Complications from COVID-19 Infection

Heart complications are more likely to occur from a COVID-19 infection than an mRNA COVID-19 vaccine.

A new study on vaccine safety specifically comparing risk of myocarditis after vaccine vs. infection showed that among young males, the risk of heart complications (e.g., myocarditis, pericarditis) was around 2 to 6 times higher after a COVID-19 infection than the second dose of the vaccine. For men ages 18 to 29, the risk was 7 to 8 times greater. Among all other groups, the risk of cardiac complications was 2.2-115.2 times more likely from an infection than after a vaccine. No cases of heart complications were found in children 5-11 after a second dose of the vaccine.

The CDC's recommendation to wait 8 weeks between a first and second dose of an mRNA COVID-19 vaccine reduces the risk even further.

FURTHER READING

- Study: Risk of cardiac conditions greater after COVID infection than after vaccination
- Actual CDC study - https://www.cdc.gov/mmwr/volumes/71/wr/mm7114e1.htm?s_cid=mm7114e1_w

Slide 18 – COVID-19 Vaccines

No notes.

Slide 19 – About COVID-19 Vaccines

What are Vaccines?

- Vaccination is a simple, safe, and effective way of protecting you against harmful diseases before you come into contact with them. Vaccines use your body's natural defenses to build protection against specific infections and make your immune system stronger. Vaccines protect us against viruses and diseases such as Chickenpox and Measles.
- All available vaccines are extremely effective at lowering the chance of hospitalization and death caused by COVID-19 with no serious safety concerns.
- Available COVID vaccines in the US are authorized for people ages 6 months and older.
- The Johnson & Johnson vaccine is only available to those 18 and older who are allergic to the other vaccines, can't access the other vaccines, or who would not get vaccinated if they are unable to get the Johnson & Johnson vaccine.

[More detail]

The vaccines were built on decades of previous work on similar vaccines. The vaccines were tested at different times and in different places. When and where the vaccines were tested makes it hard to compare the results. Comparing their success rates is like comparing apples to oranges. The bottom line is that all available vaccines are extremely effective at preventing hospitalization and death caused by COVID-19.

[In case of questions about J&J and Guillain-Barré Syndrome (GBS)]:

The Food and Drug Administration says that there have been very rare cases of Guillain-Barré Syndrome (GBS) after receiving the Johnson & Johnson COVID-19 vaccine. Most cases have been reported about two weeks after vaccination and mostly in males, many aged 50 and older.

- GBS is a neurological disorder usually triggered by a respiratory or gastrointestinal infection that most people fully recover from. The body's immune system damages nerve cells, causing muscle weakness and sometimes paralysis in severe cases.
- Of the 12.8 million doses of the Johnson & Johnson COVID-19 vaccine administered in the U.S. (roughly 8% of all COVID-19 vaccines), around 100 preliminary cases (less than .0008%) of GBS have been possibly linked to the Johnson & Johnson vaccine in the U.S.
- Over 90% of North Carolinians vaccinated have received either the mRNA-based Pfizer or Moderna COVID-19 vaccines. Pfizer and Moderna are different from the Johnson & Johnson vaccine and have not seen the same increased risk of GBS.

- With COVID-19 cases rising, the best way to protect your health is to get a COVID-19 vaccine. Unvaccinated people run the highest risk of severe illness, hospitalization, long-term COVID-19 symptoms, and death.
- Thorough clinical trials with thousands of participants have proven that the vaccines are safe and effective for anyone 6 months and older.
- The Johnson & Johnson vaccine is only available to those 18 and older who are allergic to the other vaccines, can't access the other vaccines, or who would not get vaccinated if they are unable to get the Johnson & Johnson vaccine.
- The Johnson & Johnson vaccine remains the only one-dose option approved for those 18 years and older.
- If you have received the J&J vaccine, you are still protected, and severe adverse effects are extremely rare.

[In case of questions about J&J blood clots or updated CDC guidance]:

Research has found more cases of a rare condition with blood clotting and low platelets associated with the Johnson & Johnson COVID-19 vaccine. This rare condition is called thrombosis with thrombocytopenia (TTS). TTS after the Johnson & Johnson shot is rare. There have been around four cases per one million doses given. The CDC continues to remind people that receiving any vaccine, including the Johnson & Johnson vaccine, is better than not being vaccinated.

The Johnson & Johnson vaccine is only available to those who are allergic to the other vaccines, can't access the other vaccines, or who would not get vaccinated if they are unable to get the Johnson & Johnson vaccine.

People with a history of TTS should not get the Johnson & Johnson vaccine. All of the vaccines continue to be carefully monitored for safety.

<u>Ingredients List</u>

The three COVID-19 vaccines currently available in the United States do not contain eggs, preservatives, fetal tissue, stem cells, mercury or latex.

- Pfizer: Messenger ribonucleic acid (mRNA), lipids ((4-hydroxybutyl)azanediyl)bis(hexane6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,Nditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.
- Moderna: Messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-

phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate trihydrate, and sucrose.

- Novavax: SARS-CoV-2 recombinant spike protein, cholesterol, phosphatidylcholine, Fraction-A and Fraction-C of Quillaja saponaria Molina extract, disodium hydrogen phosphate heptahydrate, disodium hydrogen phosphate dihydrate, polysorbate-80, potassium chloride (common food salt), potassium dihydrogen phosphate (common food salt), sodium chloride (basic table salt), sodium dihydrogen phosphate monohydrate, sodium hydroxide or hydrochloric acid, and water.
- J&J: Recombinant, replication-incompetent adenovirus type 26 expressing the SARS-CoV-2 spike protein, citric acid monohydrate, trisodium citrate dihydrate, ethanol, 2-hydroxypropyl-β-cyclodextrin (HBCD), polysorbate-80, sodium chloride.

Slide 20 – COVID-19 Vaccine History

COVID-19 vaccines are built on decades of research on vaccines for similar viruses, so scientists had a head start in making the COVID-19 vaccine. Large investments of dollars and time from scientists made sure the vaccines were created without skipping any steps.

Many different public organizations and private companies have worked together to make COVID-19 vaccines available to the public.

Slide 21 – Why You Should Get Your COVID-19 Vaccine

- Tested, safe and effective, COVID-19 vaccines will help us get back in control of our lives and back to the people and places we love.
- Rigorous clinical trials with thousands of people ages 6 months and older have proven that COVID-19 vaccines are safe and effective. And more than 250 million Americans have been safely vaccinated.
- Scientists had a head start, and thousands of volunteers helped with clinical trials.
- All of the vaccines are tested, safe and effective and lower the chances of getting COVID-19, hospitalization and death.
- You cannot get COVID-19 from the vaccine.
- The vaccines are free to all regardless of your insurance or immigration status.
- After you are up to date with your vaccine, you can get back to activities like gathering with other vaccinated friends and family without masks.
- You have a spot to take your shot.

[In case questions are asked about insurance based on recent updates:]

COVID-19 vaccines and boosters are free to everyone. You don't need to have health insurance. If you have health insurance, it will pay for 100% of the vaccine or booster. If you don't have health insurance, you won't be charged for the vaccine or booster.

You may have heard that the federal government is no longer reimbursing vaccine providers for COVID-19 vaccine-related costs for people who don't have insurance. While this is true, vaccine providers cannot pass these costs on to you. COVID-19 vaccines and boosters will still be free for all those wanting to receive them.

You cannot be denied a vaccine because you can't pay or don't have health insurance. If you get a bill following your COVID-19 vaccine or booster, you should first speak with the person or facility that sent it.

<u>Slide 22 – How Vaccines Work to Protect You</u>

Here is how the COVID-19 vaccines work:

Vaccines imitate COVID without giving it to you. After you get the vaccine, the vaccine gives your body instructions to make a protein that safely teaches your body to make an antibody to fight the real COVID-19. Your body naturally breaks down or destroys the protein from the vaccine. With these antibodies, you can fight off the real virus if it tries to attack you.

[If asked how the Novavax vaccine is different from Pfizer and Moderna]

The Novavax vaccine provides a more familiar type of protein-based vaccine technology that has been used for more than 30 years in shots that help prevent diseases like shingles, hepatitis B, the flu, and other illnesses. Novavax is not currently approved for use as an additional dose.

[If asked if there is a tracker in the vaccine]

There is no tracker in the vaccine.

[If asked whether you can get the vaccine even if you've had COVID before]

Yes. The vaccine works to protect you against a future infection. You don't need a COVID-19 test before vaccination. It is safe to get vaccinated with any FDA-authorized COVID-19 vaccine if you have been infected in the past.

[If asked how long the vaccine will protect you from COVID-19]

Data so far shows that there are still very high protection levels for at least 6 months after the vaccine. Because of the high level of protection at 6 months, the protection will likely last longer. We'll know even more about how long the immunity from the vaccines lasts as people have been vaccinated for a longer period of time.

Slide 23 – Why You Need a Booster Shot

It is important to stay up to date on your vaccines by getting an updated booster when you are able. During the peak of the Omicron surge, those who were boosted were 21 times less likely to die from COVID-19 compared to those who were unvaccinated. They were also seven times less likely to be hospitalized. Now, people 12+ who get the vaccine and updated booster are 15 times less likely to die from COVID-19. Everyone 5 and older should get an updated booster two months after their last shot.

Slide 24 – Bivalent COVID-19 Boosters

Bivalent COVID-19 boosters are now available for everyone 5 and older. On September 1, 2022, the updated booster was authorized and approved. This vaccine provides the most up-to-date protection against COVID-19 variants and helps renew your body's defense against severe illness, hospitalization and death from the virus.

Anyone 5 years and older can get a Pfizer bivalent booster. Anyone 6 years or older can get a Moderna bivalent booster.

The updated booster is referred to as a bivalent vaccine as it targets both the original coronavirus strain and Omicron subvariants. It relies on safety and efficacy data from initial clinical trials, studies of bivalent boosters, and extensive safety and effectiveness monitoring. This process is similar to the one used to create the annual flu vaccine, which targets new strains each year.

The booster, like all COVID-19 vaccines, is safe to get alongside the annual flu vaccine. Many of those who are at high risk for serious flu complications — older people, pregnant women and those with compromised immune systems — are also at risk of severe COVID-19 complications. COVID-19 and flu shots can be taken together, and we encourage all North Carolinians to stay up to date on both.

COVID-19 vaccines are free to everyone, regardless of insurance or immigration status. Flu vaccines are often available at little-to-no cost.

People should get the updated COVID-19 booster two months after they finish their primary series or any booster dose.

Slide 25 – When to Get Your Booster

To strengthen and extend protections against COVID-19, updated boosters are available to all North Carolinians 5 and older. **If you are eligible, you should get a booster now.**

Everyone 5 and older should get an updated booster two months after the last dose in their primary series or any booster dose.

The Johnson & Johnson vaccine is only available to adults who are allergic to the other vaccines, can't access the other vaccines, or who would not get vaccinated if they are unable to get the Johnson & Johnson vaccine.

Get an updated booster anywhere COVID-19 vaccines are available. Booster doses are free for everyone. No insurance or doctor's note is needed.

COVID-19 vaccines that are NOT authorized or approved by the FDA OR listed for emergency use by the World Health Organization (WHO) do not count toward vaccination in the U.S. You should restart your series of vaccines with an FDA-approved vaccine at least 28 days after your last shot. If you are 5 or older, you should also get an updated booster two months two months after completing your initial series.

If you got a COVID-19 vaccine listed for emergency use by the WHO but that is not approved or authorized by the FDA, you should get an updated booster at least two months after your last vaccine if you are 5 or older. If you have a moderately or severely compromised immune system, you may need an additional shot prior to your booster as well.

You'll need to know the dates of your vaccination and confirm what brand you got originally. Your paper vaccination card is helpful but may not be necessary. At-home vaccination and free transportation may be available.

If you have questions about getting your booster, talk with a health care provider, , visit MySpot.nc.gov or call 800-CDC-INFO, which is 800-232-4636.

Slide 26 – Vaccine Schedule for Most People 12 and Older

Updated COVID-19 boosters are available in North Carolina. This vaccine provides the most up-to-date protection against COVID-19 variants and will help renew your body's defense system against severe illness, hospitalization and death from the virus.

The updated booster is referred to as a bivalent vaccine as it targets both the original coronavirus strain and Omicron subvariants. It relies on safety and efficacy data from initial clinical trials, studies of bivalent boosters, and extensive safety and effectiveness monitoring. This process is similar to the one used to create the annual flu vaccine, which targets new strains each year.

People should get the updated COVID-19 booster two months after they finish their initial series or a previous booster dose.

Slide 27 – Vaccine Schedule for Immune Compromised People 12 and Older

The CDC recommends that people ages 6 months and up who have moderately or severely compromised immune systems get an additional dose, which is different than a booster, of either the Pfizer or Moderna vaccine. The schedule for this additional dose depends on the age of the person and vaccine received for previous doses.

People 12 and older who get the Novavax vaccine – whether they have a compromised immune system or not – should not get an additional dose at this time.

People 5 and older who have moderately or severely compromised immune systems should also get a booster two months after their last dose in their initial series or a previous booster.

The Johnson & Johnson vaccine is only available to adults who are allergic to the other vaccines, can't access the other vaccines, or who would not get vaccinated if they are unable to get the Johnson & Johnson vaccine.

Talk with a health care provider if you have questions about whether a booster is right for your child.

Slide 28 – Current Guidance

Once you're up to date with your vaccine, you can get back to many activities you enjoyed before the pandemic, but for some activities you should still wear a mask. If you are up to date with your vaccines, you should:

- Wear a mask if you are at high risk for severe illness, are at a high-risk setting, are in an area with high levels of the virus, have been exposed to the virus or have COVID-19, or just want an added layer of protection.
- Wear a mask in all health care or long-term care settings. Surgical masks, like a KN95 or an N95, offer the best protection.
- Get tested if you have any symptoms of COVID-19.

Receiving the COVID-19 shot is everyone's best protection from getting and spreading COVID-19. For more information about what to do after being vaccinated, see NCDHHS's guidance.

Slide 29 – Getting Your COVID-19 Shot

No notes.

Slide 30 – Find Your Spot

There are two ways to get help finding a vaccine appointment!

1. One of the easiest places to start when looking for a vaccine location/provider is the NCDHHS website: MySpot.nc.gov. Here, you can find a vaccine provider AND learn more about the vaccine and booster – and all of the information is also available in Spanish.
2. You can also call the CDC Info line. They can help you find vaccine locations near you as well as other information.

It is important to make sure the vaccine provider you choose has the correct vaccine dose available for your child based on his or her age. If you have children who are 3 to 11 years, they can get a vaccine anywhere that has the smaller dose that is appropriate for their age available. This includes their pediatrician or a health care provider's office, local pharmacies and grocery stores. Babies and toddlers 6 months to 2 years cannot be vaccinated by a pharmacist. They can get their vaccine only at a health care provider's office or local health center where the correct dose for their age is available.

Children are encouraged to get the vaccine from their pediatrician or a health care provider, as the vaccine may be given with other routine childhood vaccines that help to keep them healthy. Parents and guardians of children who do not have an established medical provider can visit MySpot.nc.gov to search for a nearby vaccine provider and are also encouraged to contact their local health department. Parental consent is required.

Slide 31 – What you will get at your vaccine appointment

What you will get at your vaccine appointment.

- A **fact sheet** that tells you more about the specific COVID-19 vaccine you receive.
- A **vaccination card** that tells you what COVID-19 vaccine you received, the date you received it, and where you received it. Make a back-up of the vaccination card (like taking a photo of it on your phone). You may also be able to view your vaccine record through the NC COVID-19 Vaccine Portal at MySpot.nc.gov/Vaccines/Your-Vaccine-Information
- Ask your vaccine provider about getting started with **v-safe**, a free, smartphone-based tool that uses text messages and online surveys to provide check-ins after you receive your vaccine.

[If questions are asked about cost/insurance due to recent HRSA changes]

COVID-19 vaccines and boosters are free to everyone. You don't need to have health insurance. If you have health insurance, it will pay for 100% of the vaccine or booster. If you don't have health insurance, you won't be charged for the vaccine or booster.

You may have heard that the federal government is no longer reimbursing vaccine providers for COVID-19 vaccine-related costs for people who don't have insurance. While this is true, vaccine

providers cannot pass these costs on to you. COVID-19 vaccines will still be free for all those wanting to receive it. You cannot be denied vaccination due to inability to pay or lack of health insurance. If you get a bill following your COVID-19 vaccine or booster, you should first speak with the person or facility that sent it.

Slide 32 – Temporary Reactions After Your Vaccine

Like many other vaccines, you could have temporary reactions like a sore arm, fever, headache, or feeling tired and achy for a day or two. This could be similar to what you might have experienced after a shingles vaccine. These reactions are temporary (which means they'll go away in a day or two), they are not dangerous, and they are actually a good sign that the vaccine is working in your body the way it's supposed to.

[In case of questions about allergic reactions]:

If people have allergies to ingredients in the two-dose vaccines, then they won't get that vaccine. Anyone who has had a serious allergic reaction to any vaccine or medicine that is injected should talk about the risks and benefits of the vaccine with their doctor. People with allergies to foods, animals, environmental allergens (such as pollen), latex, or medications taken by mouth, or who have family members with past severe allergic reactions can be vaccinated with any of the COVID-19 vaccines currently authorized. So, if you have a peanut allergy, you shouldn't worry about getting vaccinated.

[In case of questions about fainting with J&J]:

In addition, some people experience lightheadedness, nausea or fainting (symptoms of vasovagal syncope) after a vaccination. The CDC recommends the following prevention measures:

- Have a beverage or snack before getting your vaccine
- Sit or lie down after you receive your vaccine
- Breathe slowly and deeply before getting the vaccine and think of something relaxing

[In case of questions about J&J blood clots or updated guidance]:

Research has found more cases of a rare condition with blood clotting and low platelets associated with the Johnson & Johnson COVID-19 vaccine. This rare condition is called thrombosis with thrombocytopenia (TTS). TTS after the Johnson & Johnson shot is rare. There have been around four cases per one million doses given. The CDC continues to remind people that receiving any vaccine, including the Johnson & Johnson vaccine, is better than not being vaccinated.

The Johnson & Johnson vaccine is only available to those who are allergic to the other vaccines, can't access the other vaccines, or who would not get vaccinated if they are unable to get the Johnson & Johnson vaccine.

People with a history of TTS should not get the Johnson & Johnson vaccine. All of the vaccines continue to be carefully monitored for safety.

[In case of questions about J&J and Guillain-Barré Syndrome (GBS)]:

- The Food and Drug Administration says that there have been very rare cases of Guillain-Barré Syndrome (GBS) after receiving the Johnson & Johnson COVID-19 vaccine. Most cases have been reported about two weeks after vaccination and mostly in males, many aged 50 and older.
- GBS is a neurological disorder usually triggered by a respiratory or gastrointestinal infection that most people fully recover from. The body's immune system damages nerve cells, causing muscle weakness and sometimes paralysis in severe cases.
- Of the 12.8 million doses of the Johnson & Johnson COVID-19 vaccine administered in the U.S. (roughly 8% of all COVID-19 vaccines), around 100 preliminary cases (less than .0008%) of GBS have been possibly linked to the Johnson & Johnson vaccine in the U.S.
- Over 90% of North Carolinians vaccinated have received either the mRNA-based Pfizer or Moderna COVID-19 vaccines. Pfizer and Moderna are different from the Johnson & Johnson vaccine and have not seen the same increased risk of GBS.
- The best way to protect your health is to get a COVID-19 vaccine**.** Unvaccinated people run the highest risk of severe illness, hospitalization, long-term COVID-19 symptoms, and death.
- Thorough clinical trials with thousands of participants have proven that the vaccines are safe and effective for anyone 6 months and older.
- The Johnson & Johnson vaccine is only available to those 18 and older who are allergic to the other vaccines, can't access the other vaccines, or who would not get vaccinated if they are unable to get the Johnson & Johnson vaccine.
- The Johnson & Johnson vaccine remains the only one-dose option approved for those 18 years and older.
- If you have received the J&J vaccine, you are still protected and severe adverse effects are extremely rare.

Slide 33 – COVID-19 Vaccines for Children and Teens

No notes.

Slide 34 – Kids Have a Spot to Take Their Shot

Children can get the virus just like everyone else. COVID-19 cases in children can result in hospitalization, death, MIS-C (inflammation in different parts of the body), and long-term problems where symptoms can last for months.

Children ages 6 months to 11 years can get a safe and effective COVID-19 vaccine and booster, when eligible. The Food and Drug Administration (FDA) has authorized lower doses of the Pfizer COVID-19 vaccine for children 6 months to 11 years, with those who are 6 months to 4 years for Pfizer and 6 months to 5 years for Moderna receiving a smaller dose than those who are older. The Centers for Disease Control and Prevention recommend all children 6 months and older get the vaccine and the updated booster, when eligible, to protect against serious illness and help keep them healthy.

Recent research shows that vaccination lowers the chance of having these severe and long-term effects from COVID-19 infection. Research has also shown that two shots of the smaller dose Pfizer vaccine lower the risk of MIS-C by 91%. Additionally, 95% of kids hospitalized with MIS-C are unvaccinated, and some require life support. They can also have lasting damage to the heart, kidneys, or other organs.

There were no safety concerns or serious side effects noted in the clinical trials. Temporary side effects for kids 6 months to 11 years are similar to older kids and adults and may include a sore arm, headache and being tired or achy for a day or so.

Everyone ages 6 months and older should receive a free COVID-19 vaccine. Children 5 and older should get the updated booster two months after they finish their initial series or a previous booster dose.. The vaccines are available even if a child does not have health insurance and regardless of their immigration status.

Slide 35 – Vaccines for Kids Under 6

Children ages 6 months to 11 years can get a safe and effective COVID-19 vaccine. The Centers for Disease Control and Prevention recommend all children 6 months to 11 years get the vaccine to protect against serious illness and help keep them healthy, and children 5 and older should get the updated booster.

The COVID-19 vaccine has been thoroughly tested in clinical trials with children 6 months and older. More than 9,000 children ages 6 months to 11 years participated in initial trials, which included volunteers from different races and ethnicities. There were no safety concerns or serious side effects noted in the ongoing clinical trials.

Slide 36 – Where To Get Vaccines for Kids Under 6

Children 6 months to 11 years can get a smaller dose of the COVID-19 vaccine that is appropriate for their age. Children who are 6 months to 4 years who get the Pfizer vaccine and 6 months to 5 years who get the Moderna vaccine receive a smaller dose than those who are older.

If you have children ages 3 to 11 years, they can get a vaccine anywhere that has the smaller dose that is appropriate for their age available. This includes their pediatrician or doctor's office, local pharmacies and grocery stores. Babies and toddlers ages 6 months to 2 years cannot be vaccinated by a pharmacist. They can get their vaccine only at a doctor's office or local health center where the correct dose for their age is available.

Children are encouraged to get the vaccine from their pediatrician or a health care provider, as the vaccine may be given with other routine childhood vaccines that help to keep them healthy. Parents and guardians of children who do not have an established medical provider can visit MySpot.nc.gov to search for a nearby vaccine provider and are also encouraged to contact their local health department. Parental consent is required.

Slide 37 – Pfizer and Moderna for Kids Under 6

On June 17, 2022, the FDA authorized Moderna and Pfizer COVID-19 vaccines for use in children 6 months though 5 years. The Pfizer vaccine was authorized for children ages 6 months through 4 years. The Moderna vaccine was authorized for children 6 months through 5 years.

Similar to kids 5 to 11 years old, kids under 5 get a smaller dose than teens and adults. For Pfizer, kids 6 months to 4 years get three vaccine doses at 3 micrograms per dose – compared to 10 micrograms for kids 5 to 11 years old and 30 micrograms for teens and adults 12 years and older.

For Moderna, kids 6 months to 5 years get two vaccine doses at 25 micrograms per dose – compared to 50 micrograms for kids 6 to 11 years old and 100 micrograms for teens and adults 12 years and older.

For Pfizer, these authorizations were based on clinical trials, including a study with 1,678 children ages 6 months through 4 years. Moderna's clinical trials included more than 6,600 children ages 6 months through 5 years. Now parents and caregivers have a choice for vaccinating their young kids.

[If asked about effectiveness data for clinical trials for children under 5]

During Pfizer's clinical trials, for children 6 months to 1 years old, the vaccine was 4.2% effective after the second dose and 75.5% after the third dose. For children 2 to 5 years old, the vaccine was 32.9% effective after the second dose and 82.3% after the third dose. Current data for

Pfizer is based on a small number of COVID-19 cases during the trial for kids under 5. Real-life data as the vaccine is circulated will impact results of effectiveness.

During Moderna's clinical trials, it found that after the second dose, the vaccine was 50.6% effective for children ages 6 months to 23 months and 36.8% effective for children ages 2 to 5 years.

Slide 38 – Clinical Trials for Kids Under 12

About Clinical Trials

Clinical trials began in March 2021. Pfizer had 1,678 participants for its clinical trial with children ages 6 months to 4 years and more than 3,000 participants for its trial for children ages 5 to 11 years. For its clinical trials, Moderna had more than 6,600 children ages 6 months through 5 years participate and around 4,000 children ages 6 to 11 years. Novavax clinical trials included around 28,000 people 12 years and older. Additionally, more than 30,000 people 12 years and older have received at least 1 dose of the vaccine. Manufacturers continue to collect data on safety and effectiveness.

Tens of millions of children and teens have now safely received a first dose of the COVID-19 vaccine. Key points:

- Temporary side effects for the COVID-19 vaccine for kids 6 months to 11 years were similar to side effects seen in teens and adults.
- Vaccine safety was studied in approximately 8,278 children ages 6 months to 4 years and 7,000 children ages 5 through 11 who received either the Pfizer or Moderna vaccine, and no serious side effects have been detected in the ongoing studies.
    - This is comparable to the VariVax vaccine (Chickenpox), in which the vaccine's safety was studied in approximately 4,240 children, age 1 – 12, in early clinical trials. (Source: https://www.merck.com/product/usa/pi_circulars/v/varivax/varivax_pi.pdf)
    - Ongoing Safety Monitoring: The FDA and the CDC have several systems in place to continually monitor COVID-19 vaccine safety and allow for the rapid detection and investigation of potential safety problems.

[If asked about effectiveness data for clinical trials for children under 5]

During Pfizer's clinical trials, for children 6 months to 1 years old, the vaccine was 4.2% effective after the second dose and 75.5% after the third dose. For children 2 to 5 years old, the vaccine was 32.9% effective after the second dose and 82.3% after the third dose. Current data for

Pfizer is based on a small number of COVID-19 cases during the trial for kids under 5. Real-life data as the vaccine is circulated will impact results of effectiveness.

During Moderna's clinical trials, it found that after the second dose, the vaccine was 50.6% effective for children ages 6 months to 23 months and 36.8% effective for children ages 2 to 5 years.

[If asked about demographic information from Pfizer's 5 – 11 clinical trials]

Trials included volunteers from different races and ethnicities:

- 77% White
- 6% African American/Black
- 8% Asian
- 17% Hispanic/Latinx
- 7% Multiracial
- Other race <1%

[If asked about safety, ongoing monitoring or myocarditis]

Ongoing Safety Monitoring and Myocarditis/Pericarditis: Pfizer and Moderna have updated safety monitoring to include evaluation of myocarditis, pericarditis and other events of interest in children 6 months through 11 years of age. In addition, the FDA and the CDC have several systems in place to continually monitor COVID-19 vaccine safety and allow for the rapid detection and investigation of potential safety problems.

It is mandatory for Pfizer, Moderna and vaccination providers to report any serious adverse events, cases of Multisystem Inflammatory Syndrome and cases of COVID-19 that result in hospitalization or death in vaccinated individuals. It is also mandatory for vaccination providers to report all vaccine administration errors to VAERS for which they become aware and for Pfizer and Moderna to include a summary and analysis of all identified vaccine administration errors in monthly safety reports to the FDA.

FDA Evaluation of Available Safety Data

The available safety data to support the EUAs include more than 15,000 participants ages 6 months through 11 years enrolled in ongoing studies. Safety monitoring and data collection are ongoing.

Commonly reported side effects in the clinical trial included injection site pain (sore arm), redness and swelling, fatigue, headache, muscle and/or joint pain, chills, fever, swollen lymph nodes, nausea and decreased appetite. More children reported side effects after the second dose than after the first dose. Side effects were generally mild to moderate in severity and occurred within two days after vaccination, and most went away within one to two days.

The FDA and CDC safety surveillance systems have previously identified increased risks of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of tissue surrounding the heart) following vaccination with Pfizer COVID-19 Vaccine, particularly following the second dose, and with the observed risk highest in males 12 through 17 years of age. Therefore, the FDA conducted its own benefit-risk assessment using modelling to predict how many symptomatic COVID-19 cases, hospitalizations, intensive care unit (ICU) admissions and deaths from COVID-19 the vaccine in children 5 through 11 years of age would prevent versus the number of potential myocarditis cases, hospitalizations, ICU admissions and deaths that the vaccine might cause. The FDA's model predicts that overall, the benefits of the vaccine would outweigh its risks in children 5 through 11 years of age.

[If asked about Emergency Use Authorization]

FDA Evaluation of Available Effectiveness Data: The effectiveness data to support the EUA in children down to 6 months of age is based on ongoing randomized, placebo-controlled studies that have enrolled children ages 6 months through 11 years. Immune responses throughout the studies have shown younger age participants were comparable to the older participants.

Slide 39 – Vaccine Schedule for Most Kids Under 12

No notes.

Slide 40 – Vaccine Schedule for Immune Compromised Kids Under 12

The CDC recommends that people ages 6 months and older who have moderately or severely compromised immune systems get an additional dose of either the Pfizer or Moderna vaccine.

For kids under 5 years who get the Pfizer vaccine, they will need three doses whether they have a compromised immune system or not.

Everyone 5 and older should also get the updated booster.

Slide 41 – Vaccines for Teens

On May 10, 2021, the Pfizer vaccine was authorized by the FDA for children ages 12 to 15 years old. On June 23, 2022, the Moderna vaccine was authorized for children 6 to 17 years old. On August 22, 2022, the Novavax vaccine was authorized for teens 12 to 17 years old. Millions of children and teens in the United States have received COVID-19 vaccines under the most intense safety monitoring in U.S. history.

The CDC recommends that people 6 months and older who have moderately or severely compromised immune systems get an additional dose, which is different than a booster, of

either the Pfizer or Moderna vaccine. The schedule for this additional dose depends on the age of the person and vaccine received for previous doses.

People who get the Novavax vaccine should not get an additional dose at this time.

Everyone 5 and older should get an updated booster two months after the final dose in their initial series or after their latest booster shot. Talk with a health care provider if you have questions about whether a booster is right for your child.

[If asked whether people under the age of 18 can get a COVID-19 vaccine without parental consent?]

A new state law requires that a parent or legal guardian provide written consent for anyone under 18 to receive a vaccine that has emergency use authorization from the Food and Drug Administration (FDA). Once a vaccine is fully approved by the FDA written consent is no longer required, however it is expected that for most teens, information about vaccination with parents and guardians and parental/guardian consent will be obtained for COVID-19 vaccination. North Carolina law also gives people under the age of 18 the ability to make certain health decisions, including the choice to get a COVID-19 vaccine, if they show the decisional capacity to do so. Decisional capacity is a person's ability to understand their health and health care needs and options, and to make decisions about them. As part of normal development most children are able to make these kinds of decisions like an adult at some point before the age of 18. There is no one age at which this always occurs; it varies from child to child. On August 23, 2021, the FDA approved the Pfizer vaccine (now marketed as Comirnaty) for anyone 16 and older. Therefore, written consent from parent or a legal guardian is required for teens ages 12 to 15 year. Approval for this age group is expected at a later date as Pfizer was authorized for teens ages 12 to 15 years, six months after it was authorized for people 16 and older. Written consent is still required for anyone under 18 receiving Moderna as the vaccine for children ages 12 to 17 years is still under EUA.

[If asked why the Pfizer and Moderna vaccines for teens ages 5-15 is still under EUA?]

FDA approval for this age group will come later because Pfizer was not authorized for teens until May 2021, six months after it was granted EUA for people 16 and older, and for younger kids until October 2021. Moderna's approval will also come later as it was not authorized for children 6 to 17 years old until June 2022.

Slide 42 – How the Vaccines Protect Your Child

No notes.

Slide 43 Temporary Side Effects

Temporary side effects for the COVID-19 vaccine for kids 6 months to 11 years were similar to side effects seen in people 16 to 25. Your child may temporarily experience a sore arm, headache and being tired or achy for a day or so. These temporary reactions are a good sign that the vaccine is working and should go away within a few days.

COVID-19 vaccines protect your child from serious illness. The risks of serious side effects from the vaccine are far less than the risk of serious illness from COVID-19.

An extremely rare side effect of the vaccine seen in some studies, but not with young children so far, is myocarditis, or heart muscle inflammation. Myocarditis has been seen in some older adolescent and young males with mostly mild cases. People usually recover on their own or need minimal treatment. No cases of myocarditis were seen in children 6 months to 11 years in the clinical trials. According to a recent study, heart complications, like myocarditis, pericarditis and multisystem inflammatory syndrome (MIS-C) are more likely to come from COVID-19 infection than from COVID-19 mRNA vaccines. The study found teen boys ages 12-17 are at 2 to 6x greater risk. (source: https://www.cdc.gov/mmwr/volumes/71/wr/mm7114e1.htm?s_cid=mm7114e1_w)

Ongoing safety surveillance will continue to determine if this rare occurrence is a risk to younger children.

[If asked on whether a child should stay home from school after getting vaccinated]

Every child will be different, but kids may be sore or tired. If you are able to, consider getting your child vaccinated on a day when they could rest.

Slide 44 – Getting Kids & Teens Vaccinated

Visit MySpot.nc.gov or call 1-800-CDC-INFO (or 1-800-232-4636) to find a vaccination location for children 6 months and older near you.

Children are encouraged to get the vaccine from their pediatrician or health care provider, as the vaccine may be given with other routine childhood vaccines that help to keep them healthy. Parents and guardians of children who do not have an established medical provider can visit MySpot.nc.gov to search for a nearby vaccine provider and are also encouraged to contact their local health department. Parental consent is required.

Anyone 15 years old or younger needs a parent or guardian's permission to get COVID-19 vaccines or boosters. People who are 16 or 17 years old do not need permission to get the first two doses of the Pfizer vaccine, but they do need permission to get a booster. People who are 17 or younger do need written consent to get any Moderna vaccine, as it is still under EUA.

Slide 45 – Testing and Treatment

No notes.

Slide 46 – Find COVID-19 Tests

Individuals who are up to date with their vaccines should get tested if they:

- Are experiencing symptoms of COVID-19. Anyone experiencing symptoms should get tested immediately.
- Have had close contact with someone who has COVID-19, even if they are not experiencing symptoms. You should get tested within 3-5 days after exposure.

Unvaccinated individuals should get tested if they:

- Are experiencing symptoms of COVID-19. Anyone experiencing symptoms should get tested immediately.
- Have come in contact with someone who has COVID-19, even if they are not experiencing symptoms. If they do not have symptoms, they should wait at least six days after their last known exposure to COVID-19 before they get tested.
- Take part in activities that put them at higher risk for COVID-19 because they cannot physically distance as needed to avoid exposure, such as travel, attending large social or mass gatherings, or being in crowded or poorly ventilated indoor settings.

If you need a test, you can:

1. Find On-Site Testing. Local health departments, pharmacies, urgent care and other locations offer on-site testing.
2. Get Free Home Tests. Pick them up in your community or get them mailed to you. Eventually, funding for these programs will also come to an end and we expect that will happen in Summer 2023. At home tests are available for purchase at most grocery stores and pharmacies, and many insurance companies offer reimbursement.
3. Go to a Test to Treat Site. Feeling sick? Get tested and treated in one visit. If you test positive and treatment is right for you, get your prescription filled at the same site. We do not yet know if or when the federal government plans to sunset the Test to Treat program but expect it to be available through late 2023.
4. Call a health care provider. Your regular health care provider may also have testing available. Contact your provider for details.

[If asked about Community Access Points]

Community Access Points (CAPs) are organizations that help members of the community find free at-home tests at convenient locations.

For organizations interested in becoming Community Access Points (CAPs) to support NCDHHS' efforts to expand access to at-home tests in N.C., please visit covid19.ncdhhs.gov/community-access-points.

Eventually, funding for this program will come to an end and we expect that will happen in Summer 2023.

Slide 47 – Get free COVID-19 at-home tests by mail (NEW SLIDE)

At-home tests are currently free and widely available. They're easy to use, and rapid home tests give results in minutes, making them the test of choice. You can pick up home tests in your community, or get tests mailed to you. Visit MySpot.nc.gov/FindTests for more information.

Slide 48 – Pick up COVID-19 at-home tests near you (NEW SLIDE)

No notes.

Slide 49 – Difference Between Antigen and PCR Tests (NEW SLIDE)

Anyone who has symptoms of COVID-19 should get tested immediately. If you have been exposed to COVID-19, get tested 5 days after exposure or if symptoms develop. Two common types of tests for COVID-19 are molecular (PCR) tests, that can be done in a clinic or at home but must be analyzed in a laboratory, and antigen tests, also called rapid tests, often done while you wait at a clinic or at home and analyzed on the spot.

If your antigen test, including at-home tests, is negative, and you have symptoms, you should get a molecular or PCR test from a lab to confirm the results.

Slide 50 – COVID-19 Treatments Can Decrease Your Risk of Hospitalization and Death

Treatment is available in various formats, including antivirals, which are pills you take by mouth to treat COVID-19.

You must get treatment within 5 days after symptoms start.

You can get treatment at a pharmacy, a Test to Treat site or through your primary care doctor. Speak to your doctor about what treatment is right for you.

[If asked whatantivirals are]

Antivirals (e.g. Paxlovid and Molnupiravir) are pills you can take for treatment only. You'll need a prescription to get them, and you have to start taking them within five days of your first symptoms. They aim to reduce transmission of the virus and make symptoms milder and the

length of the infection shorter. Oral antivirals are administered by mouth and only used for treatment in high-risk individuals. The FDA has authorized the use of oral antivirals for use to treat COVID-19, including an EUA for Paxlovid for anyone 12 and older and at least 88 pounds and for Molnupiravir for adults 18 and older.

Other options may be available to treat symptoms shortly after they begin. If you have symptoms, don't wait – seek testing right away and talk to a health care provider.

Slide 51 –Treatment: Convenient Oral Antiviral Pills

Paxlovid (for people 12 and older) and Molnupiravir (for people 18 and older) antiviral pills are available for treatment of mild to moderate COVID-19. Antivirals are available by prescription only and should be given as soon as possible after diagnosis and within five days of symptom onset. Certain high-risk adults and high-risk youth ages 12+ who weigh at least 88 pounds may be eligible for treatment. Talk to your doctor, pharmacist or another health care provider about whether this treatment is right for you.

Slide 52 – Know Your Rights: Testing & Treatment (NEW SLIDE)

It's important everyone knows their rights to testing and treatments. Everyone can get COVID-19 tests and treatment, regardless of immigration status. An ID is not required and personal information is not shared with ICE. That means ID is not required for tests or treatment.

If you do not have insurance, CVS stores with a Minute Clinic may cover the cost of in-person testing, evaluation, and treatment at no cost. CVS requires testing and evaluation in-person to opt-in for a no cost visit. Federal Test-to-Treat Locations must give you antiviral pills at no cost, though you may be charged for testing and evaluation.

If you have symptoms or were exposed, test.

- Contact your health care provider
- Find free at-home tests at MySpot.nc.gov/HomeTests
- Visit free community test sites listed at MySpot.nc.gov/FindTests

If you test positive, you can get treatment.

- Contact your health care provider
- Visit a Test-to-Treat location
- Visit MySpot.nc.gov/FindTreatment or call 800-232-0233 (TTY 888-720-7489) for details on Test to Treat locations

Slide 53 – Frequently Asked Questions

No notes.

Slide 54 – Why should I get the COVID-19 shot if there are treatments?

Preventing COVID-19 is much safer than treating it. Vaccines may protect you from getting infected. They can also help keep you from getting very sick. Getting vaccinated can also help keep your loved ones safe. This is especially important for those around you who can't be vaccinated.

Don't wait to get your vaccine, and get a booster as soon as you are able. Visit MySpot.nc.gov to find a vaccine location near you.

Treatments for COVID-19 are for people who have tested positive for COVID-19 and have symptoms. Treatments are currently only available for people who are 12 and older. Treatments can help stop people from getting very sick by helping their body fight the virus. They can also shorten the time that you are sick by slowing the growth of the virus in your body. Treatments do not stop you from catching COVID-19 again later. Treatments do not stop you from spreading COVID-19 to others.

If you test positive and have symptoms, don't wait to see a health care provider. Treatment needs to be started within the first few days after you are infected for it to work well. Talk to a health care provider about treatments to see if there is an option that is right for you, or visit our website for more information on treatments for COVID-19 at MySpot.nc.gov/Treatments.

Slide 55 – Can I get the vaccine if I am pregnant or breastfeeding?

- Yes. Pregnant and breastfeeding women can receive any of the available COVID-19 vaccines and an updated booster.
- People who are pregnant or who recently had a baby and get COVID-19 are about 40% more likely to develop serious complications or die than those who did not get the virus. They also have a higher risk of negative outcomes for their baby.
- Pregnant women can talk with their doctors about their vaccine decision. You can also consult MotherToBaby.org or call 1-866-626-6847
- More than 218,000 pregnant women have gotten at least one shot of a COVID-19 vaccine in the United States.
- Women who are breastfeeding can also receive any of the available vaccines or an updated booster. The vaccine is not thought to be a risk to a baby who is breastfeeding.
- Getting up to date with COVID-19 vaccines is recommended for:

    - People who are pregnant
    - People who are breastfeeding
    - People who are trying to get pregnant now
    - People who might become pregnant in the future
- Babies whose moms were vaccinated may also get some protection from the vaccines. This is because the antibodies from the vaccines can be transferred from mom to baby.

Slide 56 – Should I be concerned about the impact of the vaccine on my fertility?

- No. If you are planning to become pregnant, you can receive a COVID-19 vaccine and booster.
- The American College of Obstetricians and Gynecologists recommends vaccination for all eligible people, including those who may want to get pregnant.
- Women in the clinical trials successfully became pregnant following vaccination, and there have been no safety data to suggest that the vaccines impact the ability of a woman to get pregnant.
- Similarly, the Society for Male Reproduction and Urology recommends that men who want to be fathers should be encouraged to get vaccinated. Recent studies have also shown that COVID-19 increases the risk of developing erectile dysfunction (ED) by nearly six times.

Slide 57 – How do I access my vaccine records or proof of COVID-19 vaccination?

You may need to show your COVID-19 vaccine information to businesses or venues. The NC COVID-19 Vaccine Portal is a free, fast and secure way for many North Carolinians to present proof of COVID-19 vaccination or print a copy of your COVID-19 vaccine information for other purposes.

Many North Carolinians can access their COVID-19 vaccine information in the North Carolina COVID-19 Vaccine Portal, including anyone who:

- Received their COVID-19 vaccine in North Carolina at a pharmacy, grocery store, doctor's office, hospital, health department, or community event, AND
- Provided an email address to a North Carolina vaccine provider

If you don't have an email address, you can still get your shot, but you will need to hold onto your paper copy.

Need additional help?

Contact the CDC Info line at 800-CDC-INFO, or 800-232-4646 (TTY 888-232-6348) from 8 a.m. to 8 p.m. Monday-Friday and 8 a.m. to 5 p.m. Saturday-Sunday.

List of Federal Retail Pharmacy Partners:

- Costco Wholesale Corp.
- CPESN USA, LLC
- CVS Pharmacy, Inc. (including Long's)
- Good Neighbor Pharmacy and AmerisourceBergen Drug Corporation's pharmacy services administrative organization (PSAO), Elevate Provider Network
- Health Mart Pharmacies
- LeaderNET and The Medicine Shoppe Pharmacy, Cardinal Health's PSAOs
- Publix Super Markets, Inc.
- Retail Business Services, LLC (including Food Lion, Giant Food, The Giant Company, Hannaford Bros Co, Stop & Shop)
- The Kroger Co. (including Kroger, Harris Teeter, Fred Meyer, Fry's, Ralphs, King Soopers, Smiths, City Market, Dillons, Mariano's, Pick-n-Save, Copps, Metro Market, QFC)
- Topco Associates, LLC (including Acme Fresh Markets, Associated Food Stores, Bashas, Big-Y Pharmacy and Wellness Center, Brookshire's Pharmacy, Super One Pharmacy, FRESH by Brookshire's Pharmacy, Coborn's Pharmacy, Cash Wise Pharmacy, MarketPlace Pharmacy, Giant Eagle, Hartig Drug Company, King Kullen, Food City Pharmacy, Ingles Pharmacy, Raley's, Bel Air, Nob Hill Pharmacies, Save Mart Pharmacies, Lucky Pharmacies, SpartanNash, Price Chopper, Market 32, Tops Friendly Markets, ShopRite, Wegmans, Weis Markets, Inc.)
- Walgreens (including Duane Reade)
- Walmart, Inc. (including Sam's Club)

Slide 58 – Do people who have had COVID-19 still need to be vaccinated?

- Yes. The vaccine works to protect you against a future infection. You don't need a COVID-19 test before vaccination.
- It is safe to get vaccinated with any of the authorized vaccines if you have been infected in the past.
- If you were treated for COVID-19 with monoclonal antibodies or convalescent plasma, you DO NOT need to wait before getting a COVID-19 vaccine. Talk to a health care provider if you don't know what treatments you got or if you have questions about getting a COVID-19 vaccine.
- People who are actively sick with COVID-19 should wait until they no longer have symptoms before getting the vaccine or booster (if eligible). If you do not have symptoms, you can get the vaccine or booster after your isolation ends (which is 5 days after you took your positive COVID-19 test). If you have symptoms of long COVID, you can get the vaccine or booster after your initial symptoms from the virus go away. These initial symptoms can start

anywhere from 2 to 14 days after you are exposed to the virus and can last up to four weeks.

Slide 59 – Will I be able to choose which vaccine I get?

- The Centers for Disease Control and Prevention recommends that COVID-19 vaccines made by Moderna, Pfizer and Novavax are the best choice for most people for preventing severe illness and hospitalization from COVID-19. There is ample supply of both vaccines in North Carolina and across the country.
- The FDA recommends Moderna, Pfizer and Novavax over the Johnson & Johnson vaccine except in some circumstances. The Johnson & Johnson vaccine is only available to those who are allergic to the other vaccines, can't access the other vaccines, or who would not get vaccinated if they are unable to get the Johnson & Johnson vaccine.
- People with a history of thrombosis with thrombocytopenia (TTS), a condition defined as blood clotting with low platelets, should not receive the Johnson & Johnson vaccine.
    - *There are no safety concerns for people who were previously vaccinated and did not experience TTS.*
    - *About 17 million doses of the J&J vaccine have been used in the U.S.*
    - *TTS after the Johnson & Johnson shot is rare. There have been around four cases per one million doses given. None of those deaths occurred in North Carolina.*
    - *People who experience TTS will develop severe symptoms within three weeks of receiving their initial Johnson & Johnson vaccine.*
- Data continuously shows that COVID-19 vaccines and boosters are safe and effective.
- Everyone 5 years and older should get an updated booster, no matter what brand they receive for their original vaccine.
- Vaccination is the most safe and effective way to prevent severe illness, hospitalization and death from COVID-19.

Slide 60 – Resources

No notes.

Slide 61 – Resources

If you have additional questions, comments or feedback you'd like to share or have answered, please email: vaccine101@ncdhhsvaccine.com

***Note for Presenter: Remember to log COVID Essentials presentation at:** https://docs.google.com/forms/d/e/1FAIpQLSe9a65X1tA4u0SP5sX00JttvuryoWkreTDQ7jTemGEnpoR7_w/viewform